1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Constable Robert -	OFFICE USE ONLY
I WANTE	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE	ا ل ج
ADDRESS Change of Address	10801 Rush Rd Austin TX 78732	
Change of Address	·	
⁵ CAMPAIGN TREASURER	TITLE FIRST MI	Receipt # 2
NAME	- Becky J.	HD / PM Ameunt
	NICKNAME LAST SUFFIX	Date Processed CO
	VANIA	Date Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or business)	10801 Rush Rd Austin TX	78732
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(572) 266 - 2500	1
8 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Month Day	Year
	1/1/98 THROUGH 6/30/	98
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
		General Special
11 OFFICE	CONSTABLE PCT 2 12 OFFICE SOUGHT (# known)	***
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	 Direct campaign expenditures are campaign expenditures made by others without the candidates are required to disclose this information only if they receive notification of the direct 	fate's prior consent on approval, campaign expenditure.
INDIVIDUALS	Name N/A	Federal Societies of the Control of
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	
		1

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2
14 C/OH NAME	Bob	VANN	15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	des political expenditures by political committees to support the candidate hout the candidate's or officeholder's knowledge or consent. Candidates an ey receive notice of such expenditures.	/ officeholder. These expenditures may d officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS .	
	37 25/715	COMMITTEE CAMPAIGN TREASURER NAME	,
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
G NO SERONTARIA			
77 NO REPORTABLE ACTIVITY	Check here if i	no reportable activity occurred during this reporting period. (Sign affidavit below	w and submit pages 1 and 2 only.)
¹⁸ CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ -6-
	4. TOTAL	POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -
19 AFFIDAVIT			
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	
Note:	RENDA G. SASAKI ry Public, State of Texas onunission Expires Feb. 8, 1800	Signature of Candid	t Van
ASSIV NOTABLE STATE		Signature of Cartuin	ate of Officerologi
AFFIX NOTARY STAMP		Bobert VANN_this the_	7
Swom to and subscribed to 19, to certify wh		d and seal of office.	day of Sulu
Signature of officer adn	A Lawuu ninistering oath	Brenda G. Sasaki no Print name of officer administering oath Title	dary public of officer administering oath

l .	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	.NS		SCHEDULE A
The Instruction	וסא Guide explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAM	BOD VANN		3 ACCOUNT # (Et	hics Commission filers)
5/2 09	5 Full name of contributor J. David EVANS	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
13/70	6 Contributor address; City; State; Zip Code		100	 -
9 Principal occu		10 Employer (option		· .
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	;		
Principal occu	pation	Employer (online	- 1	<u> </u>
·		Employer (option:	ai)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
·	Contributor address; City; State; Zip Code			
Principal occu	pation	Employer (options	al)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occur	pation	Employer (optiona	<u></u>	·
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	***************************************		·
Principal occup	pation	Employer (optional	1)	
lf contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	S OF THIS FORM AS	S NEEDED ditional reportin	ng requirements.

PLEDGE	D CONTRIBUTIONS	. •		SCHEDULE B
The Instruction	אס Guide explains how to complete this form.		1 Total pages Scho	edule B:
2 FILER NAM	E BOD VANN		3 ACCOUNT# (Et	hics Commission filers)
4 TOTAL	OF UNITEMIZED PLEDGES: ⇔	\$ \$ \$	D D	\$
5 Date	6 Full name of pledgor 7 Pledgor address; City; State; Zip Cod	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	pation	11 Employer (optio	nal)	<u> </u>
Date	Full name of pledgor Pledgor address; City; State; Zip Cod	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (optio	nal)	
Date	Full name of pledgor Pledgor address; City; State; Zip Cod	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	Pation	Employer (optio	nal)	
Date	Full name of pledgor Pledgor address; City, State; Zip Code	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation	Employer (optio	nal)	
Dale	Full name of pledgor Pledgor address; City; State; Zip Code	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu		Employer (optio	· · · · · · · · · · · · · · · · · · ·	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr	S OF THIS FORM a ruction guide for a	AS NEEDED idditional report	ing requirements.

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506

LOANS				SCHEDULE E
The Instruction Gu	nice explains how to complete this form		1 Total pages Sche	edule E:
2 FILER NAME	BOB VANN		3 ACCOUNT # (Ell	nics Commission filers)
TOTAL OF U	NITEMIZED LOANS:	D D D	ರು ರು	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	• • • • • • • • • • • • • • • • • • • •	10 Interest rate
Y N				11 Maturity date
12 Description of Collate	I. eral			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
lf lender i	ATTACH ADDITIONAL CO s out-of-state PAC, please see inst	PIES OF THIS FORM A	S NEEDED ional reporting	requirements.

Texas Ethics Commission

POLITI	CAL EXPENDITURES	•	\$	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedu	ule F:
FILER NAM	BOB VANN		3 ACCOUNT # (Ethic	s Commission filers)
Date	5 Payee name NA 6 Payee address; City; State; Zip Code		7	Amount (\$)
Purpose of e	xpenditure	9 ·· Complete if direct expe Candidate / Officeholder	enditure to benefit C/OF	Office sought / held
Date	Payee name			Amount (\$)
Purpose of e	Payee address; City; State; Zip Code	•• Complete if direct expe Candidate / Officeholder	enditure to benefit C/O	office sought / held
Date	Payee name			Amount
		· · · · · · · · · · · · · · · · · · ·	•	(\$)
Purpose of t	expenditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/O name	H •• Office sought / held
Date	Payee name . Payee address; City; State; Zip Code			Amount (\$)
Purpose of	expenditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/C	Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruct	NON GUIDE explains how to complete this form.	Total pages Schedule	G:
2 FILER NAM	BOD VANN	ACCOUNT # (Ethics Co	ommission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8	Amount (\$)
	7 Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code Purpose of expenditure		Amount (\$) Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS N	EEDED	

P.O. Box 12070

TO A BUSINESS OF C/OH		SCHEDULE H
The Instruction Guide explains how to complete this form.	1 Total pages Schedule H	<u>.</u> 1
BOD VANN	3 ACCOUNT # (Ethics Co.	mmission filers)
5 Business name 6 Business address; City; State; Zip Code	7	Amount (\$)
B Purpose of payment	Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH' •• Office sought / held
Date Business name		Amount (\$)
Business address; City; State; Zip Code		. ·
Purpose of payment	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH •• Office sought / held
Date Business name Business address; City: State; Zip Code		Amount (\$)
Purpose of payment	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH •• Office sought / held
Date Business name Business address; City, State; Zip Code		Amount (\$)
Purpose of payment ATTACH ADDITIONAL COPIES	·· Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH ** Office sought / held

P.O. Box 12070

	ION GUIDE explains how to complete this form.	1 Total pages Schedule	к:
FILER NAM	BOB VANN	3 ACCOUNT # (Ethics Co	ommission filers)
Date	5 Payor name 6 Payor address; City: State; Zip Code 7 Reason for credit	8	Amount (\$)
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
Date	Payor name		
Date	Payor name Payor address; City; State; Zip Code		